MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

10318

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Annes

City or town: Millington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Annes

City or town: Millington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Harry Battomley

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 14 1873

8. AGE: Years: 72 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Millington Kent Md.
(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER — 12. Name: John Battomley

FATHER — 13. Birthplace: England

MOTHER — 14. Maiden name: Martha Baly

MOTHER — 15. Birthplace: Delaware

16. Informant: Mrs Harry Battomley

Address: Millington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 1 1945 (month) (day) (year)

Cemetery or crematory: Millington

Location: Millington Md.

18. Funeral director: Edward Kellum

Address: Millington Md.

19. Oct. 31 1945 (Date rec'd by registrar) C. L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 27 1945, at 3 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 22 1945, to Oct 27 1945

and that I last saw him alive on Oct. 26 1945

Immediate cause of death	DURATION
Angina Pectoris	1 year
Due to: Arteriosclerosis	several years
Due to: Chronic Interstitial Nephritis	several years
Other conditions: Hypertension	"

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D.
M. D. or other

Address: Millington Md. Date signed Oct. 30/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15-C)

10319

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Mr Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Joseph Martin Brown

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Sarah Emma Wilson Brown
6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Jan 8 - 1868

8. AGE:

Years	Months	Days	If less than one day
77	9	13	...hrs. ...min.

9. Birthplace: Fredrica - Del
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business:

FATHER
12. Name: Joseph Brown
13. Birthplace: Harrington - Del

MOTHER
14. Maiden name: Lydia Harrington
15. Birthplace: Harrington - Del

16. Informant: J. Paul Brown
Address: Centreville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24-45 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md

18. Funeral director: Barton Bros
Address: Centreville Md

19. 10-22-45 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21- 19 45, at 3 o'c p. M

I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on Oct 19- 19 45

Immediate cause of death	DURATION
He was found dead on	
Due to From Circumstances I would say	
Cardiac attack.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE: W. Harry Fisher.
Address: Centreville Md
Date signed: 10/22/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

10320

Reg. Dist. No. 251

1. PLACE OF DEATH:
County Queen Anne's
City or town Millington R.F.D. (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State County
City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Clough

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 45

8. AGE:

Years	Months	Days	If less than one day
		1	hrs. min.

9. Birthplace Millington R.F.D. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Harry Clough
13. Birthplace Maryland

MOTHER
14. Maiden name Audrey Galloway
15. Birthplace Maryland

16. Informant Mrs. Audrey Clough
Address Bradlevwood R.F.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct 31, 1945 (month) (day) (year)

Cemetery or crematory Home
Location near Millington Md.

18. Funeral director Edward Fellows
Address Millington Md.

19. Oct. 31 1945 C. L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1945, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29th 1945, to Oct 30th 1945, and that I last saw him alive on Oct 30th 1945.

Immediate cause of death	DURATION
Premature Closure of Heart Valve	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. L. Copeland M.D.
M. D. or other
Address Millington R.F.D. Date signed Oct 30th 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

10321

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Wilbertha Emerson Fleetwood

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband: Isaac Wilmer Fleetwood
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 20 - 1871

8. AGE: Years: 74 Months: 8 Days: 4 If less than one day: hrs. min.

9. Birthplace: Queen Annes Co. Maryland (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: William Martin Emerson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Elizabeth Calloway
15. Birthplace: Maryland

16. Informant: Mrs Dorothy Fleetwood
Address: Centreville Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 27-1945 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Maryland

18. Funeral director: Baston Bros
Address: Centreville Maryland

19. Oct 26 - 1945 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 24 19 45 at 5P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Oct. 1st 19 45 to Oct. 24 19 45
and that I last saw h[illegible] alive on Oct. 23 19 45

Immediate cause of death: Chronic Interstitial
Due to: Nephritis of the heart — DURATION
Due to: Hypostatic pneumonia
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. B. McPherson M. D. or other
Address: Centreville Md Date signed: 10/26/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH ★

Reg. Dist. No. 352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne County

City or town: Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne County

City or town: Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Eli Harris

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Single

B.(b) Name of husband or wife —

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE:

Years	Months	Days	If less than one day
50.	—	—	..... hrs. ..... min.

9. Birthplace: Queen Anne - Md. (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER 12. Name: not known

13. Birthplace: Md.

MOTHER 14. Maiden name: not known

15. Birthplace: Md.

18. Informant

Address

17. Buried — Date thereof 10-15-45 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: James Cem.

Location: Queen Anne, Md.

18. Funeral director: J. Virgil Emmons & Son

Address: Centreville, Md.

19. 10-11-1945 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10 1945 at 8 2/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 41 1945 to October 10 1945

and that I last saw him alive on October 9 1945

Immediate cause of death	DURATION
Myocardial failure	2 weeks
Due to Aortic Stenosis and coronary arteritis	Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Kurt Ledyard M.D.

M. D. or other

Address: Queen Anne, Md. Date signed 10/11/45

10323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Rural Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all his life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Rural Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish American

3. (a) FULL NAME: George W. Morris

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6.(b) Name of husband or wife: Annie Maddox
6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): March - 6 - 1880

8. AGE: Years	Months	Days	If less than one day
65	7	12	hrs. min.

9. Birthplace: Nr Centreville Md Co. Maryland (Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business:
FATHER 12. Name: George W. Morris
13. Birthplace: North Carolina
MOTHER 14. Maiden name: Mary E Tilghman
15. Birthplace: nr Centreville Maryland.
16. Informant: George W Morris Jr.
Address: Centreville Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 22-45 (month) (day) (year)
Cemetery or crematory: Brownsville
Location: Brownsville Maryland
18. Funeral director: Baxter Bros
Address: Centreville. Maryland
19. 10-22-1945 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 18 - 1945 at 5-30 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1945 to Oct 18 1945 and that I last saw him alive on Oct 18 1945

Immediate cause of death	DURATION
Pulmonary Hemorrhage	
Due to: Pulmonary Tuberculosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fraker M. D. or other
Address: Centreville Md Date signed: 10-20-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

10324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John B. Pinder

3.(b) Social Security Number: 217-16-4325

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Cora Pinder
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): May 11, 1866

8. AGE: Years	Months	Days	If less than one day
79	5	8	...hrs. ...min.

9. Birthplace: Kent Co. Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: William Pinder
13. Birthplace: Kent Co., Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Cora Pinder
Address: Queenstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 21-45 (month) (day) (year)
Cemetery or crematory: Chesterfield Cemetery
Location: Centreville, Md.
18. Funeral director: John D. Williams
Address: Easton, Md.
19. Oct. 20 19 45 Helen M. Aldridge Reg. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 19 1945, at 10:45 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 2 1945, to Oct 19 1945
and that I last saw h... alive on Oct 12 1945.

Immediate cause of death	DURATION
Pneumonia	2 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ...Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ...Injured at work?

23. SIGNATURE: W. H. Martenis M. D. or other
Address: ...Date signed: 10/20/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John T Price 3rd

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	—

6.(b) Name of husband or wife: —
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 9 1942

8. AGE: Years: 3 | Months: 1 | Days: 4 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Berlin Md
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: John T Price
13. Birthplace: Stevensville

MOTHER — 14. Maiden name: Evelyn Twilley
15. Birthplace: Talbot Co

16. Informant: John T Price
Address: Chester

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 15 45 (month) (day) (year)
Cemetery or crematory: Stevensville
Location: Stevensville

18. Funeral director: Maurice E Neuman
Address: Easton Md

19. 10 17 45 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 13 1945, at 5 10 P.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 1 1945 to Oct. 13 1945.
and that I last saw him alive on October 13 1945.

	DURATION
Immediate cause of death: Myeloid Leukemia	about 3 months
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Teodor Sattelmaier M.D.
M. D. or other
Address: Stevensville Date signed: 10/13/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

10326

★ Reg. Diat. No. 252

1. PLACE OF DEATH:

County: Queen Anne

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Abe Rozier

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	widowed

6.(b) Name of husband or wife: Alberta Dawson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 12 - 1882

8. AGE: Years	Months	Days	If less than one day
63	5	23	hrs. min.

9. Birthplace: Centreville, Queen Anne Co. Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: House cleaning

FATHER — 12. Name: William Rozier

FATHER — 13. Birthplace: Centreville Maryland

MOTHER — 14. Maiden name: Laura Chamberlain

MOTHER — 15. Birthplace: Centreville, Maryland

16. Informant: Bertha R. Trusty

Address: Centreville Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 9-45 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville, Maryland

18. Funeral director: Baxter Bros

Address: Centreville Maryland.

19. 10-9- 1945 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6. 1945, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
He died morning on	
Due to: Epileptic Convulsions	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. H. Fisher County Med. Examiner M. D. or other

Address: Centreville Md Date signed: 10/9/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

14327

★ Reg. Dist. No. 251

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, institution, or street address where death occurred: Home
How long in hospital or institution? Dead

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: James A. Stansbury

3.(b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Lavinia Stansbury
6.(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): Feb. 8 - 1873
8. AGE: Years: 72 Months: 8 Days: 17 If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Farm laborer
11. Industry or business:
12. FATHER Name: James O. Stansbury
13. FATHER Birthplace: Maryland
14. MOTHER Maiden name: Augusta Elliott
15. MOTHER Birthplace: Maryland
16. Informant: Mrs. Lavinia Stansbury
Address: Barclay Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29 - 1945 (month) (day) (year)
Cemetery or crematory: Barclay Col. Cem.
Location: Barclay Md.
18. Funeral director: Edgar L. Lane
Address: Church Hill Md
19. Oct. 26 19 45 (Date rec'd by registrar) C. L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 25 19 45, at 4.53 PM
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 22 19 45 to Oct 25 19 45
and that I last saw h... alive on Oct 23 19 45

	DURATION
Immediate cause of death: Mitral Insufficiency	1 yrs
Due to:	
Due to:	
Other conditions: Prostatitis	6 mos

(Include pregnancy within 3 months of death)

Major findings of operation: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Edgar L. Lane M. D. or other
Address: Church Hill Md Date signed Oct 26

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 2-54

1. PLACE OF DEATH:

County: Queen Annes

City or town: Grasonville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Old Folks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne

City or town: Grasonville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 10328

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James A. Steward

3.(b) Social Security Number: 218-01-6386

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

8.(b) Name of husband or wife: Florence Steward (Deceased)

8.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov 18 1887

8. AGE:

Years	Months	Days	If less than one day
57	10	17	____ hrs. ____ min.

8. Birthplace: Grasonville Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Road Work

FATHER — 12. Name: Peter Steward

FATHER — 13. Birthplace: Grasonville Md

MOTHER — 14. Maiden name: Minnie Caulfield

MOTHER — 15. Birthplace: Grasonville Md

16. Informant: Dewitt Caulfield

Address: Grasonville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 7-45 (month) (day) (year)

Cemetery or crematory: Edmund A. Memorial Cemetery

Location: Grasonville Md

18. Funeral director: John D. Nelson

Address: Easton Md

19. 10-8-45 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 5th 1945, at 10:30 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1945, to Oct 5 1945

and that I last saw h... alive on Sept 30 1945

Immediate cause of death	DURATION
For advanced Related Pulmonary Tbc	____ years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ____ Date of op. ____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: C. L. Lewis M.D. M. D. or other

Address: Centreville Md Date signed: Oct 6 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-D

CERTIFICATE OF DEATH

10329

★ Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Queen Anne
City or town: Sudlersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Sudlersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Drusilla D. Weedman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Clarence Weedman
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 24. 1884

8. AGE:

Years	Months	Days	If less than one day
60	10	20	hrs. min.

9. Birthplace: Queen Anne Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: James D. Wilson
13. Birthplace: Q.A. Co. Md.

MOTHER
14. Maiden name: Martha Jennie Rumbracco
15. Birthplace: Q. A. Co. Md.

16. Informant: Mrs. Wilson Weedman
Address: Sudlersville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 18-1945 (month) (day) (year)
Cemetery or crematory: Sudlersville
Location: Sudlersville Md.

18. Funeral director: Edgar L. Lane
Address: Church Hill Md.

19. Oct. 16 19 45 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15 19 45 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 45 to Oct 15 19 45 and that I last saw him alive on Oct 15 19 45

Immediate cause of death	DURATION
Carcinoma of Rt Lung	
Due to Cachexia & Asthenia	
Due to	
Other conditions	

(Ineinde pregnaney within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: C. H. Whitcraft M. D. or other
Address: Centreville Md. Date signed: 10/16/45

MARGIN RESERVED FOR BINDING

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VS A15

#8/15/45